

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
03-15

2. STATE
Alaska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
October 1, 2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 431.610

7. FEDERAL BUDGET IMPACT:

a. FFY 04 \$ 0

b. FFY 05 \$ 0

Please see Box 10, below

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.11-A, page 1.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):

Attachment 4.11-A, Pages 1-16 and 31-39.

10. SUBJECT OF AMENDMENT:

Updating regulatory reference in Attachment 4.11-A for standards relating to Standard-Setting and Survey Agencies for institutions serving Medicaid recipients.

11. GOVERNOR'S REVIEW (*Check One*):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Governor does not wish to comment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Bob Labbe

14. TITLE:

Deputy Commissioner/Medicaid Director

15. DATE SUBMITTED:

16. RETURN TO:

Alaska Department of Health and Social Services

Office of the Commissioner

P.O. Box 110601

Juneau, Alaska 99811-0601

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

DEC 30 2003

18. DATE APPROVED:

JAN 13 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCT - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Karen S. O'Connor

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Division of Medicaid &
Children's Health

Relations with Standard Setting and Survey Agencies

The standards specified in paragraphs (a) and (b) of section 4.11, page 42 of the Plan are set forth in Title 7 of the Alaska Administrative Code, Chapter 12, "Facilities and Local Units", Articles 1-11 which encompass General Acute Care, Rural Primary Care, and Specialized Hospitals, Nursing Facilities, ICF/MR, Ambulatory Surgical Facilities, Freestanding Birth Centers, and Home Health Agencies.

TN No: 03-15 Approval Date: _____ Effective Date: October 1, 2003

Supersedes TN No. MA 78-77